

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cooperative of American Physicians IE Committee

ADDRESS (number and street) ▼

333 S Hope St 8th Floor

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90071

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492116

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2016

through

M M M / D D D / Y Y Y Y Y Y
05 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rebecca Olson

Signature of Treasurer

Rebecca Olson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 01 2016 To: M M / D D / Y Y Y Y Y Y
05 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		910802.75
(b) Cash on Hand at Beginning of Reporting Period.....	1104603.00	
(c) Total Receipts (from Line 19)	20269.24	555171.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1124872.24	1465974.39
7. Total Disbursements (from Line 31)	119550.61	460652.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1005321.63	1005321.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20195.00	554825.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20195.00	554825.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20195.00	554825.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	74.24	346.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20269.24	555171.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20269.24	555171.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	22178.93	363281.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22178.93	363281.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	97371.68	97371.68
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	119550.61	460652.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119550.61	460652.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20195.00	554825.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20195.00	554825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	22178.93	363281.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	22178.93	363281.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

554825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : 11AI-192

Amount of Each Receipt this Period

150.00

☐ Memo Item

In-Kind: Administrative Services

Full Name (Last, First, Middle Initial)

B. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

554825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : 11AI-190

Amount of Each Receipt this Period

20045.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

20195.00

TOTAL This Period (last page this line number only)..... ►

20195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 333 S Grand Ave

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar year

Aggregate Year-to-Date ▼

346.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : 17-190-O

Amount of Each Receipt this Period

74.24

☐ Memo Item
 Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.24

74.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Capitol Advocacy, LLC

Mailing Address 1301 I Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
California Public Policy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : 21B-396

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address 12501 Imperial Hwy #200

City Norwalk State CA Zip Code 90650

Purpose of Disbursement
Mailing List for Mailer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : 21B-369-S

Amount of Each Disbursement this Period

792.66

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

C. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City Newcastle State CA Zip Code 95658

Purpose of Disbursement
Postage for Mailer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : 21B-370-S

Amount of Each Disbursement this Period

9199.69

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Tony Siciliani

Mailing Address 3003 O St

City
SacramentoState
CAZip Code
95816Purpose of Disbursement
Printing, Mailhouse, Delivery

006

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	0		2	0	1	6		

Transaction ID : 21B-367-S

Amount of Each Disbursement this Period

8572.64

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

B. J.C. Evans Inc.

Mailing Address 11230 Gold Express Dr. #310-325

City
Gold RiverState
CAZip Code
95670Purpose of Disbursement
Design for Mailer

006

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	1		2	0	1	6		

Transaction ID : 21B-368-S

Amount of Each Disbursement this Period

809.95

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

C. PoliticalCalling.com

Mailing Address 417 Mace Blvd Ste J-188

City
DavisState
CAZip Code
95618Purpose of Disbursement
Phone calls

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	3		2	0	1	6		

Transaction ID : 21B-375-S

Amount of Each Disbursement this Period

2166.40

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address 12501 Imperial Hwy #200

City Norwalk	State CA	Zip Code 90650
-----------------	-------------	-------------------

Purpose of Disbursement
Phone List

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2016

Transaction ID : 21B-376-S

Amount of Each Disbursement this Period

451.38

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

B. J.C. Evans Inc.

Mailing Address 11230 Gold Express Dr. #310-325

City Gold River	State CA	Zip Code 95670
--------------------	-------------	-------------------

Purpose of Disbursement
Graphics

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : 21B-381-S

Amount of Each Disbursement this Period

820.00

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address 12501 Imperial Hwy #200

City Norwalk	State CA	Zip Code 90650
-----------------	-------------	-------------------

Purpose of Disbursement
Mailing List

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : 21B-386-S

Amount of Each Disbursement this Period

721.11

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Cooperative of American Physicians IE Committee

A. Political Data, Inc.

Mailing Address 12501 Imperial Hwy #200

City	State	Zip Code
Norwalk	CA	90650

Purpose of Disbursement Mailing List

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21B-382-S

Amount of Each Disbursement this Period

624.00

☒ Memo Item
SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

B. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City	State	Zip Code
Newcastle	CA	95658

Purpose of Disbursement	Postage

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 18 / 2016

Transaction ID : 21B-383-S

Amount of Each Disbursement this Period

4197.67

✕ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

C. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City	State	Zip Code
Newcastle	CA	95658

Purpose of Disbursement	
Postage	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 05/18/2016 in MM/DD/YYYY format. The first display shows '05' with 'M' labels above. The second shows '18' with 'D' labels above. The third shows '2016' with 'Y' labels above. Each display has a slash separator between the month, day, and year sections.

Transaction ID : 21B-387-S

Amount of Each Disbursement this Period

4608.43

 Memo Item
SUBVENDOR to Chris Jones Consulting

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Age Group	Percentage
18-24	0.05
25-34	0.15
35-44	0.25
45-54	0.20
55-64	0.15
65-74	0.10
75-84	0.05
85+	0.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Dome Printing

Mailing Address 340 Commercial Circle

City Sacramento State CA Zip Code 95815

Purpose of Disbursement
Printing, Mailhouse & Delivery

004

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2016
Transaction ID : 21B-384-S

Amount of Each Disbursement this Period

6278.10

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

B. Hareline Graphics

Mailing Address 2370 Geary Street

City West Sacramento State CA Zip Code 95691

Purpose of Disbursement
Graphics

004

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2016
Transaction ID : 21B-385-S

Amount of Each Disbursement this Period

760.00

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

Full Name (Last, First, Middle Initial)

C. Tony Siciliani

Mailing Address 3003 O St

City Sacramento State CA Zip Code 95816

Purpose of Disbursement
Printing, Mailhouse & Delivery

004

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2016
Transaction ID : 21B-380-S

Amount of Each Disbursement this Period

5869.75

☒ Memo Item

SUBVENDOR to Chris Jones Consulting

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Cooperative of American Physicians IE Committee

Three digital displays are shown side-by-side. The first display shows '05' with two small squares above it. The second display shows '09' with two small squares above it. The third display shows '2016' with four small squares above it.

 Memo Item

MM / DD / YYYY

5028.93

Memo Item

12000.00

 Memo Item

17178.93

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : 21B-388-S

Amount of Each Disbursement this Period

10800.00

☒ Memo Item

SUBVENDOR to PJM Creative

Full Name (Last, First, Middle Initial)

B. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : 21B-390-S

Amount of Each Disbursement this Period

10800.00

☒ Memo Item

SUBVENDOR to PJM Creative

Full Name (Last, First, Middle Initial)

C. U.S. Postmaster

Mailing Address 9241 Old State Hwy

City
NewcastleState
CAZip Code
95658Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : 21B-377-S

Amount of Each Disbursement this Period

10800.00

☒ Memo Item

SUBVENDOR to PJM Creative

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

22178.93

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

FEC IDENTIFICATION NUMBER ▼

C C00492116

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee

Chris Jones Consulting

☐ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Mailing Address

3245 Granite Creek Pl

Amount

City

Newcastle

State

CA

Zip Code

95658

20374.94

Transaction ID : E-366

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Purpose of Expenditure

Mailer

Category/
Type

006

Name of Federal Candidate

Paul Cook

☒ Support☐ Oppose

Office Sought:

☒ House

District: 08

☐ President☐ Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

35004.04

Disbursement For: ☒ Primary ☐ General
2016☐ Other (specify) ▶

Full Name of Payee

PJM Creative

☐ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Mailing Address

1600 Countrywood Ct

Amount

City

Walnut Creek

State

CA

Zip Code

94598

25000.00

Transaction ID : E-371

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Purpose of Expenditure

Mailer

Category/
Type

004

Name of Federal Candidate

Isadore Hall

☒ Support☐ Oppose

Office Sought:

☒ House

District: 44

☐ President☐ Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

50000.00

Disbursement For: ☒ Primary ☐ General
2016☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

45374.94

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Olson

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

FEC IDENTIFICATION NUMBER ▼

C C00492116

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee

PJM Creative

☐ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 23 / 2016

Mailing Address

1600 Countrywood Ct

Amount

City

Walnut Creek

State

CA

Zip Code

94598

25000.00

Transaction ID : E-372

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Purpose of Expenditure

Mailer

Category/
Type

004

Name of Federal Candidate

Isadore Hall

☒ Support☐ Oppose

Office Sought:

☒ House

District: 44

☐ President☐ Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

50000.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name of Payee

Chris Jones Consulting

☐ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 14 / 2016

Mailing Address

3245 Granite Creek Pl

Amount

City

Newcastle

State

CA

Zip Code

95658

3117.78

Transaction ID : E-374

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Purpose of Expenditure

Phone calls

Category/
Type

004

Name of Federal Candidate

Paul Cook

☒ Support☐ Oppose

Office Sought:

☒ House

District: 08

☐ President☐ Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

35004.04

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

28117.78

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Olson

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee			FEC IDENTIFICATION NUMBER ▼ C C00492116		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Chris Jones Consulting			<input type="checkbox"/> Memo Item		
Mailing Address 3245 Granite Creek Pl			Date of Public Distribution/Dissemination 05 / 19 / 2016		
City Newcastle	State CA	Zip Code 95658	Amount 11511.32		
Purpose of Expenditure Mailing		Category/Type 004	Transaction ID : E-378 Date of Disbursement or Obligation 05 / 18 / 2016		
Name of Federal Candidate Paul Cook			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 35004.04			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Chris Jones Consulting			<input type="checkbox"/> Memo Item		
Mailing Address 3245 Granite Creek Pl			Date of Public Distribution/Dissemination 05 / 19 / 2016		
City Newcastle	State CA	Zip Code 95658	Amount 12367.64		
Purpose of Expenditure Mailing		Category/Type 004	Transaction ID : E-379 Date of Disbursement or Obligation 05 / 18 / 2016		
Name of Federal Candidate Rita Ramirez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 12367.64			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23878.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	97371.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Rebecca Olson [Electronically Filed] Date 06 / 20 / 2016